



2302 SW 3RD Street
 Ankeny, IA 50023
 Tel: (515) 289-9200
 Fax: (515)289-9201

A request for a transcript should be submitted to the Registrar's Office via U.S. Mail, in person or by fax. Telephone requests are not accepted.

TRANSCRIPT REQUEST FORM

(Processed in 3-5 working days)

Last name _____ First _____ Initial _____
 Former names: _____ Date of Birth ____/____/____ Student ID# _____
MM/ DD/ YYYY
 Last session attended _____ Graduation date _____ Daytime phone _____

(If requesting by fax, include the following credit card information)

CREDIT CARD INFORMATION

Cardholder name (as it appears on the card) _____
 Card number _____
 Expiration date _____ Type of card: ? Visa ? MasterCard CVS _____
last three numbers on back of card
 Current Address _____
 City _____ ST _____ Zip _____

Attach a check or money order (or the above credit card information) for **\$5** for each transcript requested
 \$5 (x) _____ = _____

(If requesting any special handling, include the following)

Send overnight express (additional fee: \$16.25) _____

TOTAL..... _____

SEND TRANSCRIPT TO THE FOLLOWING ADDRESS: (INCLUDE PERSON AND/OR DEPARTMENT)

School, Church, or Company _____
 Person and/or Department _____
 Address _____
 City _____ ST _____ Zip _____

Mail request to: Registrar, 2302 SW 3rd Street, Ankeny, Iowa 50023
Fax request to: 515-289-9201

Date _____ Signature _____